

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



August 23, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of U-Stop Convenience Shop, 610 South 10<sup>th</sup> Street requesting that Michael Starkey be approved as the manager of the class B liquor license.

Mr. Starkey has been employed at U-Stop since 2007. He has completed the required managers training.

A review of Michael Starkey criminal history shows the following.

04-26-2003 DUI 1<sup>st</sup> offense  
10-22-2004 Theft  
06-15-2009 DUI 2<sup>nd</sup> offense  
03-30-2011 Violation of Interlock restriction

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

JR

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Whitehead Oil Company

Premise information

Premise License Number: 93934

(if new application leave blank)

Premise Trade Name/DBA: U-Stop #3

Premise Street Address: 610 S. 10th St.

City: Lincoln

State: NE

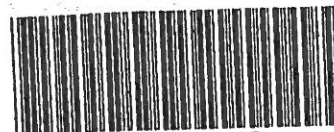
Zip Code: 68508

Premise Phone Number: 402-474-7346

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)



1200015556

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE

☐ FEMALE

Last Name:

Starkey

First Name:

Michael

Home Address (include PO Box if applicable):

3201 Folkways Blvd. Apt. 3A

City: Lincoln

County: Lancaster

Zip Code: 68504

Home Phone Number: 402-770-8602

Business Phone Number: 402-474-7346

Social Security Number:

Drivers License Number & State:

NE

Date Of Birth:

Place Of Birth:

Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name:

First Name:

MI:

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth:

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2011	present			
Seward, NE	2007	2011			
Bremerton, WA	2005	2007			

Omaha, Ne  
Lincoln, Ne

2005 2005  
2000 2005

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	present	Whitehead Oil Co.	Brian Makovocka	402-435-3509
2007	2012	Brewsky's	Ryan Parks	402-328-2739

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Michael Starkey	6/2010	Seward, NE	probation violation	
Michael Starkey	3/2009	Seward, NE	2nd offense DUI	
Michael Starkey	11/2004	Lincoln, NE	misdemeanor theft	
Michael Starkey	4/2003	Seward, NE	1st offense DUI	

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and PROPER FEES with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Responsible Hospitality Council—06/14/2012 Beverage training online—11/24/2010


PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

AUG 14 2012

ACKNOWLEDGEMENT

NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

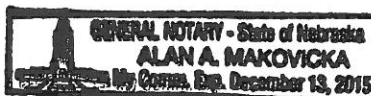
2<sup>nd</sup> DAY of August, 2012 by Michael L. Starkey  
date

name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

73

126-

BIRTH NUMBER

CHILD—NAME FIRST MIDDLE LAST			DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR
1. Michael Lane Starkey			2. 5-3-83		7:35
3. Male	4. Single		5. Lancaster		
6. Lincoln		7. Yes	8. Lincoln General Hospital		
9. Mrs. Charlotte Starkey			10. Mother		
11. Russell L. Gorthey M.D.			12. Lincoln, Nebraska		
13. 1973			14. 3		

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA

Issued April 8, 1983

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